Name in Full: Mattie B. Baxter

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Near Church Hill — County: Queen Anne

Date of death: Month: Aug — Day: 4th — 1904

Age: Years: 26 — Months: — — Days: 8

Sex: Female — Color or Race: White — Birthplace: Near Church Hill

Occupation: No occupation — Where Residing if not at place of death: at Home

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: John T. Baxter — Father's Birthplace: Queen Anne Co

Mother's Maiden Name: Martha L. Sudler — Mother's Birthplace: Queen Anne Co

Name of person giving Information: Chas A Baxter — How related to deceased: Brother.

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Lesion at base of Brain — How long: about 1 year.

Immediate: Cerebro Spinal Meningitis — How long: 9 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. H. Bunge Simmons

Address: Chestertown Md

Accident or Suicide? No.

LIBRARY BUREAU A88516

Church Date
Ordained

Name in Full: Sarah Bunday Burch

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Farm Town — County: Carroll Co

Date of death 1904: Month: 8 — Day: 9 — Years: 60 — Months: — Days:

Sex: Female — Color or Race: Negro — Birthplace: Carroll Co

Occupation: Housekeeper — Where Residing if not at place of death: Near Millington

Married, ~~Single~~ or ~~Widowed~~ — Name or Wife or Husband: Stephen Burch

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Angina Pectoris — How long: 6 months

Immediate: " — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W Comegys

Address: Millington Md

Accident or Suicide? No

LIBRARY BUREAU

Name in Full: Alice Elizabeth Bu[illegible]

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Stevensville (County) Q. A.

Date of death 1904 (Month) Aug (Day) 28

Age (Years) — (Months) 11 (Days)

Sex Female

Color or Race White

Birthplace Kent Island Md

Occupation —

Where Residing if not at place of death —

Married, Single or Widowed Infant

Name of Wife or Husband —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name John R. Bunton

Father's Birthplace Kent Isld Md

Mother's Maiden Name Alice Hopkins

Mother's Birthplace Kent Isld Md

Name of person giving Information Jno R Bunton

How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Whooping Cough 8

How long 10 weeks

Immediate Enteric Colitis

How long 3 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Wm T. Henry

Address Stevensville Md

Accident or Suicide? —

LIBRARY BUREAU A66616

Name in Full

CERTIFICATE OF DEATH

MARYLAND

Died at Govans Town — Cecil County

Date of death 1904 Month 8 Day 26 — Age Years 1 Months 9 Days

Sex Female — Color or Race Colored — Birthplace Near Hope

Occupation Nursing — Where Residing if not at place of death Place of death

Married, Single or Widowed Single — Name of Wife or Husband —

Father's Name John B Blackiston — Father's Birthplace U.S.A.

Mother's Maiden Name Edith Porter — Mother's Birthplace U.S.A.

Name of person giving information John B Blackiston — How related to deceased Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Whooping Cough — How long 2 weeks

Immediate Cerebral Congestion — How long 12 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Thomas Faulkner MD

Address Elkton Md.

Accident or Suicide? No

LIBRARY BUREAU A88816

Name in Full: Nellie Bond

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Churchville, Harf. Co. County: Md.

Date of death: Month: August Day: 23rd 1904

Age: Years: 15 Months: 2 mos Days: —

Sex: Female

Color or Race: Negro

Birthplace: Churchville

Occupation: House Girl

Where Residing if not at place of death:

Married, Single or Widowed

Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Alexander Bond

Father's Birthplace: Churchville

Mother's Maiden Name: Mary Bordley

Mother's Birthplace: Churchville

Name of person giving Information: Mary Bordley

How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis, lived with me part this trouble in leading

How long: 9 or ten months

Immediate: Heart Failure

How long:

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician: A. H. McVaughan

Address: Churchville, Md.

Accident or Suicide?

LIBRARY BUREAU A66516

Name In Full: George Brown

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Alms House | County: 2 A. Co.

Date of death: 1904 | Month: Aug | Day: 2 | Years: Age 76 | Months: 11 | Days: .

Sex: Male | Color or Race: Negro | Birthplace: 2 A Co.

Occupation: Laborer | Where Residing if not at place of death:

~~Married~~, Single or Widowed | Name of Wife or Husband: Mary

Father's Name: Unknown | Father's Birthplace: Unknown

Mother's Maiden Name: — | Mother's Birthplace: —

Name of person giving information: J H Horton | How related to deceased: None

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: old age Natural Causes | How long:

Immediate: | How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J H Horton

Address: Centreville

Accident or Suicide?

May 6 [illegible]

LIBRARY BUREAU A88516

Name in Full: Wm. H. Call

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Centreville — County: Queen Anne's

Date of death	Month	Day	Years	Months	Days
1904	8	20	Age 78	10	11

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male	Color or Race: White	Birthplace	
Occupation: Farmer	Where Residing if not at place of death: —		
Married, Single or Widowed: Widower	Name of Wife or Husband: Sarah Ann Talbutt		
Father's Name		Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace	
Name of person giving Information		How related to deceased	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old Age		How long
Immediate: Exhaustion		How long: 3 Days
Are the name, age, sex, color, date and place correctly given above? yes	Signature of ~~Physician~~: Robt. W. Eddins Jr	
	Address: Wright-Eddins Undertaking Co. Centreville, Md	
Accident or Suicide?: no		

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LIBRARY BUREAU A88516

Name in Full: Nathaniel Davis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Kent Island — County: Queen Anne's

Date of death: Month: Aug — Day: 9 — Age: Years: 8 — Months: — Days:

Sex: Male — Color or Race: White — Birthplace: Kent Island

Occupation: None — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Nathaniel Davis — Father's Birthplace: Kent Island

Mother's Maiden Name: Ida Lewis — Mother's Birthplace: Centreville

Name of person giving information: Father — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Malnutrition — How long: 6 mos.

Immediate: Acute Gastritis — How long: 2 days

1904

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. Snyder

Address: Stevensville Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Elijah Dean Jr.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ruckersburg — County: Queen Anne's

Date of death 1904: Month: 8 — Day: 14 — Age: Years: — Months: 9 — Days: 12

Sex: Male — Color or Race: White — Birthplace: Ruckersburg

Occupation: Nursing — Where Residing if not at place of death: Place of death

Married, Single or Widowed: Single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Elijah Dean Jr — Father's Birthplace: Carolina Co

Mother's Maiden Name: Cora Sparks — Mother's Birthplace: Q. A. Co

Name of person giving Information: Elijah Dean Jr — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 12 hours

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. Morgan

Address: Centreville Q. A. Co. Md

Accident or Suicide? no

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LIBRARY BUREAU A88516

Name in Full: Viola Elizabeth Detwiler

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Queen Anne — County: Queen Anne.

Date of death 1904: Month: Aug — Day: 6

Age: Years — Months: 2. — Days: 19

Sex: Female — Color or Race: White

Birthplace: Queen Anne

Married, Single or Widowed: —

Occupation: —

Name of Wife or Husband: —

Father's Name: Leroy C Detwiler

Father's Birthplace: Ohio

Mother's Maiden Name: Ollie Mitchell

Mother's Birthplace: Maryland

Name of person giving In formation: Mrs Ollie Detwiler

How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 5 days

Immediate: Exhaustion — How long: 2 —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr W F Miller

Address: Hillsboro Md.

Accident or Suicide?

LIBRARY BUREAU A88518

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Mary Downes

Died at: Centreville — Town: Centreville — County: Queen Annes

Date of death: 1904 — Month: Aug — Day: 17 — Age: Years — Months: 1 — Days: 24

Sex: Female — Color or Race: Black — Birthplace: Centreville

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Nelson Downes — Father's Birthplace: Centreville

Mother's Maiden Name: Mary Downes — Mother's Birthplace: Centreville

Name of person giving information: Mary Downes — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hereditary weakness — How long: all life

Immediate: marasmus — How long: one week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. D. Iron

Address: Centreville Md.

Accident or Suicide?

LIBRARY BUREAU A6831C

Name in Full: Mary Downs

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Centreville — County: Queen Anne

Date of death 1904 — Month: 8 — Day: 25 — Age — Years: 98 — Months: — — Days: —

Sex: Female — Color or Race: Negro — Birthplace: Centreville

Occupation: Servant — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Ned Downes — Father's Birthplace: ?

Mother's Maiden Name: Mary — Mother's Birthplace:

Name of person giving Information: Mrs Fannie Keating — How related to deceased: Had lived in her family all her life

CAUSES OF DEATH

Primary: Old Age — How long: 154

Immediate: Exhaustion — How long: 2 Days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Robt. W. Edmiss Undertaker

Address: Centreville Md

Accident or Suicide? No,

PHYSICIAN OR CORONER

TO BE ANSWERED BY NEAREST FRIEND

LIBRARY BUREAU A68816

Name in Full: Samuel Dulin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: New Queenstown | County: Queen Anne's Co.

Date of death: 1904 | Month: Aug | Day: 22 | Age: Years: 81 | Months | Days

Sex: Male | Color or Race: White | Birthplace: Talbot Co.

Occupation: Retired | Where Residing if not at place of death: J. F. Shortalls

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed | Name of Wife or Husband

Father's Name: John Dulin | Father's Birthplace: Talbot Co.

Mother's Maiden Name: Sarah Caneck | Mother's Birthplace: " " "

Name of person giving information: J. F. Shortalls | How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Organic heart trouble & Asthma | How long: Several years

Immediate: Sudden exertion | How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Queenstown, Md.

Address

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Mary Durney

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Centreville; County: Queen Anne's

Date of death: 1904; Month: 8; Day: 28

Age: ~~Years~~ ~~Months~~ ~~Days~~ 10 Hours

Sex: Female

Color or Race: White

Birthplace: Centreville

Occupation: None

Where Residing if not at place of death: Place of death

~~Married~~, Single or ~~Widowed~~

Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Austin Durney

Father's Birthplace: Talbot Co

Mother's Maiden Name: Maggie M. Rhodes

Mother's Birthplace: Talbot Co

Name of person giving Information: Mrs Austin Durney

How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature Birth

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thos Kraus MD

Address: Centreville Queen Anne's Co

Accident or Suicide? no

LIBRARY BUREAU A66815

Name in Full: Jacob Elehman Gibson

CERTIFICATE OF DEATH

MARYLAND

Died at: Kent Island — Town: — County: Queen Annes

Date of death: 1904 — Month: Aug — Day: 26th — Age: 32 — Months: — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Kent Co.

Occupation: Farm-hand — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Hester Gibson

Father's Name: Shed. Gibson — Father's Birthplace: Kent Co.

Mother's Maiden Name: Harriet Ann. Green — Mother's Birthplace: " "

Name of person giving Information: Jacob Alex. Green — How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Overeating — How long: —

Immediate: Acute Gastro Intestinal Catarrh — How long: 3 Days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr. Thos. E. Snyder

Address: Stevensville Md.

Accident or Suicide?

LIBRARY BUREAU A883-6

Name in Full: Margaret A. Goldsboro

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Centreville; County: Queen Annes

Date of death: 1904; Month: Aug; Day: 29; Age: Years: —; Months: 10; Days: —

Sex: Female; Color or Race: Blk; Birthplace: Centreville

Occupation: —; Where Residing if not at place of death: —

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: —; Name of Wife or Husband: —

Father's Name: Chas Goldsboro; Father's Birthplace: Md

Mother's Maiden Name: Katie Dickerson; Mother's Birthplace: Md

Name of person giving Imformation: Mother; How related to deceased: mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: ~~Tuberculosis Lungs~~ Pneumonia; How long: —

Immediate: Pneumonia; How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. S. Fry

Address: Centreville

Accident or Suicide: —

LIBRARY BUREAU A88516

Name in Full: Jacob L. Goldsborough

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Queenstown; County: Talbot

Date of death: Month: 8; Day: 11; Years: 31; Months: —; Days: —

Sex: Male; Color or Race: White; Birthplace: Talbot

Occupation: Lawyer; Where Residing if not at place of death: Queenstown

~~Married~~, Single or ~~Widowed~~; Name of ~~Wife~~ or Husband: —

Father's Name: John L. Goldsborough; Father's Birthplace: Talbot

Mother's Maiden Name: Carrie Hopkins; Mother's Birthplace: Balt.

Name of person giving information: J L Goldsborough; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Spinal trouble from childhood; How long: —

Immediate: Acute dysentery; How long: Five Days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Howard R. Hopkins

Address: Queenstown, Md.

Accident or Suicide?

LIBRARY BUREAU A3881G

Name in Full: 2 No. Goldsborough Goldsborough

CERTIFICATE OF DEATH

MARYLAND

Died at: Queenstown — Town: Queenstown — County: Q A C

Date of death	Month	Day	Age	Years	Months	Days
1904	Apl	20		34	4	

Sex: Male

Color or Race: White

Birthplace: Q Ans Co.

Occupation: Druggist

Where Residing if not at place of death: Queenstown

Married, Single or ~~Widowed~~

Name of ~~Wife~~ or ~~Husband~~

Father's Name: John L Goldsborough

Father's Birthplace: Q A Co

Mother's Maiden Name: Mary E. Wilkins

Mother's Birthplace: Balt

Name of person giving information: John L Goldsborough

How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Spinal Trouble from ~~child~~ fall — How long: 25 years

Immediate: Acute Dysentery — How long: Two weeks.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Howard R. Hopkins.

Address: Queenstown, Md.

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Mary J Gorman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Millington — County: Ca

Date of death: Month: 8 — Day: 13 — Years: Age 74 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Virginia

Occupation: House Keeper — Where Residing if not at place of death: Millington

Married, Single or Widowed: Widow — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving In formation: W Gorman — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Asthma — How long: 4 yrs

Immediate: " — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W Gorman

Address: Millington Md

~~Accident or Suicide?~~

LIBRARY BUREAU ASSSIC

Name in Full: Marrie Celestine Gould

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Gould Town — County: Queen annes

Date of death 1904 — Month: 8 — Day: 24 — Years: Age 1 — Months: 6 — Days: —

Sex: Female — Color or Race: Negro — Birthplace: Queen Anne Co. Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Thos Emory Gould — Father's Birthplace: Md

Mother's Maiden Name: Henrietta Raley — Mother's Birthplace: "

Name of person giving Information: Thos Emory Gould — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Do not Know — How long: Do not Know

Immediate: Stomic & Bowel Trouble — How long: 10 d

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of ~~Physician~~: R. W. Eddis Undertaker

Address: Centreville Md

Accident or Suicide? No

LIBRARY BUREAU A88816

Name in Full: Nancy Grimes

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Stevensville County: Queen Anne

Date of death 1904: Month: Aug. Day: 24 Age: Years: 75 Months: Days:

Sex: Female Color or Race: White Birthplace: Kent Island

Married, Single or ~~Widowed~~ Occupation: House woman

Name of Wife or Husband:

Father's Name: Wm Grimes Father's Birthplace: Do not know

Mother's Maiden Name: Do not know Mother's Birthplace: Do not know

Name of person giving In formation: Thos. Grimes How related to deceased: Nephew

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age How long: one yr.

Immediate: Debility How long: 2 wks.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jno. R. Benton

Address: Stevensville

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Alexander Hard

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Winchester (Town) — Queen Annes (County)

Date of death 1904: Month: Aug — Day: 9th

Age: Years: 44 — Months: 5 — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Kent Co.

Married, Single or Widowed: Married — Occupation: Oysterman

Name of Wife or Husband: Nettie Hard

Father's Name: Oliver Hard — Father's Birthplace: Queen Anne's Co.

Mother's Maiden Name: Elphonso Hutchins — Mother's Birthplace: D. A. Co

Name of person giving information: Nettie Hard — How related to deceased: wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 2 years

Immediate: General Asthenia — How long: 2 months

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Dr. Chas. E. Hyde

Address: Stevensville Md.

Accident or Suicide?

LIBRARY BUREAU A69316

Name in Full: Mrs Margaret A. Hart

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sudlersville; County: Queen Anne

Date of death: Month: 8; Day: 30; 1904

Age: Years: 40; Months: ; Days:

Sex: Female

Color or Race:

Birthplace:

Occupation: Housewife

Where Residing if not at place of death:

Married, ~~Single or Widowed~~

Name of Wife or Husband: Charles Hart

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis of Lungs and throat. How long: 1½ years

Immediate: Exhaustion How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Fooks Sudler

Address: Sudlersville Md

Accident or Suicide?

LIBRARY BUREAU A66510

Name in Full: John Henry Jarrell

CERTIFICATE OF DEATH

MARYLAND

Died or Town: Near Centreville County: Queen Annes

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month: 8	Day: 20	Years: 70	Months: 4	Days: —
Sex: Male	Color or Race: Negro		Birthplace: Q. A. Co Md		
Occupation: Laborer	Where Residing if not at place of death: —				
Married, Single or Widowed: married	Name of Wife or Husband: Caroline Fax				
Father's Name: Slaves that were sold			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information: Carrie Jarrell			How related to deceased: Daughter		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption		How long: 10 mos
Immediate: Exhaustion		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician: Robt. W. Eddins	
	Address: Wright & Eddins Undertakers Centreville Md.	
Accident or Suicide?		

LIBRARY BUREAU A68816

Name in Full: Geo. H. Jewell

CERTIFICATE OF DEATH

MARYLAND

Died — near Centreville — Town — Queen Anne — County

Date of death 1904 — Month: 8 — Day: 2 — Years: Age 87 — Months — Days

Sex: Male — Color or Race: white — Birthplace: Delaware

Occupation: Farmer — Where Residing if not at place of death: At place of death

Married, Single or Widowed: married — Name of Wife: Emeline Jewell

Father's Name: Chas Jewell — Father's Birthplace: Del

Mother's Maiden Name: Dont Know — Mother's Birthplace: Dont Know

Name of person giving Information: L B Jewell — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of Stomach — How long: 18 months

Immediate: Exhaustion — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas Wortham MD

Address: Centreville Queen Anne Co

Accident or Suicide? No

LIBRARY BUREAU

Name in Full: John Thos Jones

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Centreville — County: Queen Anne's

Date of death 1904 — Month: Augt — Day: 5 — Age: Years 63 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Centreville

Occupation: Carpenter — Where Residing if not at place of death:

Married, Single or Widowed: married — Name of Wife or Husband: Katerine A Smith

Father's Name: Samuel Jones — Father's Birthplace: Del

Mother's Maiden Name: Anna Mariah Kinnamon — Mother's Birthplace: Talbot Co Md

Name of person giving information: Mirah Grammer — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Interstitial Nephritis — How long: 6 or 7 yrs

Immediate: Exhaustion — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J M Cockrell MD

Address: Centreville Queen Anne's Co

Accident or Suicide? no

LIBRARY BUREAU A66316

Name in Full: Mary Hudnall Jones

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Kent Island; County: Queen Annes

Date of death 1904	Month	Day	Years	Months	Days
	Aug.	21st	Age	5	

Sex: Female | Color or Race: White | Birthplace: Kent Island

Married, Single or Widowed: | Occupation:

Name of Wife or Husband:

Father's Name: Thos. Harry Jones | Father's Birthplace: Kent Island

Mother's Maiden Name: Fannie Hudnal | Mother's Birthplace: Virginia

Name of person giving information: Saml. J. Jones | How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Whooping cough | How long: 4 mos.

Immediate: General debility | How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John R. Benton

Address: Kent Island

Accident or Suicide?

LIBRARY BUREAU A88510

Name in Full: Blanche Elizabeth Lewis

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Ruthsburg — County: Queen Anne

Date of death 1904 — Month: Aug — Day: 30 — Years: 13 — Months: — Days: 11

Sex: Female — Color or Race: White — Birthplace: Centreville, Md.

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: John S. Lewis — Father's Birthplace: Kent Island Md.

Mother's Maiden Name: Eurelia McClyment — Mother's Birthplace: Centreville, Md.

Name of person giving Information: Pearl Lewis — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Membranous Croup. — How long: 9 hours

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Walter H. Fenby

Address: Ruthsburg, Md.

Accident or Suicide?

LIBRARY BUREAU A6881¢

Name in Full: John S. Lewis

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Ruthsburg; County: Queen Anne's

Date of death 190 4: Month: Aug; Day: 29

Age: Years: 55; Months: 7; Days: 22

Sex: Male

Color or Race: White

Birthplace: Kent Island Md.

Married, Single or Widowed: Married

Occupation: Farmer

Name of Wife or Husband: Eurelia Lewis

Father's Name: John Lewis

Father's Birthplace:

Mother's Maiden Name: Caroline Courcey

Mother's Birthplace:

Name of person giving information: Eurelia Lewis

How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Bronchitis — How long: 11 years

Immediate: Prostation — How long: 5 Days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Walter H. Temby,

Address: Ruthsburg Md.

Accident or Suicide?

LIBRARY BUREAU A89516

Name in Full: Mrs J. H. Lowery

CERTIFICATE OF DEATH

MARYLAND

Died at: near Centerton — Town: [illegible] — County: Queen Anne

Date of death: 1904 — Month: August — Day: 22 — Years: Age 60 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: West River Anne Arundel Co

Occupation: Lady — Where Residing if not at place of death:

Married, Single or Widowed: Widow — Name of Wife or Husband: Owens Lowery

Father's Name: Joseph Atwell — Father's Birthplace: West River

Mother's Maiden Name: Mary Ann Tucker — Mother's Birthplace: Kent Island

Name of person giving information: Mrs Susanna Tucker — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: over ten years

Immediate: Complete exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Howard R. Hopkins

Address: Centerton Md.

Accident or Suicide? No

LIBRARY BUREAU A88819

Name in Full: Lena Delemar Mansfield

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Winchester — County: Queen. An

Date of death 1904: Month: 8 — Day: 29

Age: Years: — Months: 4 — Days: 2

Sex: Female — Color or Race: White — Birthplace: Winchester

Occupation: X X. — Where Residing if not at place of death: Winchester

~~Married~~, Single or ~~Widowed~~ — ~~Name of Wife or Husband~~: X X

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Edw Mansfield — Father's Birthplace: Queen An Co

Mother's Maiden Name: Sadie Pierson — Mother's Birthplace: Queen An Co

Name of person giving Imformation: Edw Mansfield — ~~How~~ related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Wasting. — How long: 6 week

Immediate: Summer Complaint. — How long:

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: Jas Osaddler

Address: Winchester Md

~~Accident or Suicide~~?

1905

LIBRARY BUREAU Abs 16

Name in Full: Louvinia Phillips

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Centreville; County: Queen Ann's

Date of death: Month: August; Day: 20th; 1904

Age: Years: 75; Months: —; Days: —

Sex: Female

Color or Race: Black

Birthplace: Queen Ann's Co Md

Occupation: House servant

Where Residing if not at place of death:

Married, Single or Widowed: Widow

Name of Wife or Husband: Geo. Phillips

Father's Name: Perry Handy

Father's Birthplace: Q. A. Co. Md

Mother's Maiden Name: Louvinia Handy

Mother's Birthplace: Q. A. Co. Md

Name of person giving Information: Mary Phillips

How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Rheumatism — How long: Two years

Immediate: Paralysis — How long: Three weeks

Are the name, age, sex, color, date and place correctly given above? As near as possible

Signature of Physician: J. Kane Dudley

Address: Centreville Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88316

Name in Full: Mary E. Powell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Barclay — County: Queen Anne

Date of death: Month: Aug — Day: 10 — Years: 1904 — Months — Days: 15

Sex: Female — Color or Race: Black — Birthplace: Barclay

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Charles Powell — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving information — How related to deceased

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bowell Complaint — How long

Immediate: Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H E Thom

Address: Barclay

Undertaker

md

Accident or Suicide?

LIBRARY BUREAU A685 6

Name in Full: Natalie Reese

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Catlin — County: Queen Anne

Date of death: Month: Aug. — Day: 9 — 1904

Age: Years: — Months: 9 — Days: 9

Sex: Female — Color or Race: Colored — Birthplace: Catlin

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Charles C. Reese — Father's Birthplace: Maryland

Mother's Maiden Name: Harriet H. Hastings — Mother's Birthplace: "

Name of person giving Information: Charles C. Reed — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Whooping Cough — How long: One month

Immediate: " " — How long: "

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: H. H. Lemmon per. C.

Address: Chestertown Md.

Accident or Suicide?

LIBRARY BUREAU A66514

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Mary Ann Ringgold

Died at: Town: Normans P.O. County: A. A.

Date of death: Month: Aug Day: 9 Years: 1904 Age: Months: 5 Days:

Sex: Female Color or Race: Col- Birthplace: M. D.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: James Fischer Father's Birthplace: Kent Co

Mother's Maiden Name: Annie Glascow Mother's Birthplace: " "

Name of person giving information: Harriet Ringgold How related to deceased: " "

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus Ca 65 How long: 3 mos

Immediate: Oleo Colitis How long: 4 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D Thuy M.D.

Address: Stevensville Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Thomas H. Leney

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Englewood; County: A.A. —

Date of death: 1904; Month: 8; Day: 7

Age: Years: —; Months: 8 —; Days:

Sex: boy; Color or Race: colored; Birthplace: Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Thomas Henry Leney; Father's Birthplace: Md

Mother's Maiden Name: Emma Dickerson; Mother's Birthplace: Md

Name of person giving Information: Emma Dickerson; How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Infantile Dysentery; How long: 5 days

Immediate:

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How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Edw E. Graham M.D.

Address: Englewood Md

Accident or Suicide?

LIBRARY BUREAU A88018

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Melvina Sewell

Died at: Town: Hayden's — County: Queen Anne's

Date of death 1904: Month: 8 — Day: 15 — **Age:** Years: 50 — Months: — Days:

Sex: Female — **Color or Race:** Black — **Birthplace:** Queen Anne's Co

Occupation: Housewife — **Where Residing if not at place of death:** Place of death

Married, Single or Widowed: married — **Name of ~~Wife or~~ Husband:** Thos. H. Sewell

Father's Name: Emanuel Broadaway — **Father's Birthplace:** Q.A. Co

Mother's Maiden Name: Maria Scott — **Mother's Birthplace:** Q.A. Co

Name of person giving information: Thos H Sewell — **How related if deceased:** Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of Stomach — **How long:** 2 yrs

Immediate: Exhaustion — **How long:** 1 month

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J M Dorman M.D.

Address: Centreville Queen Anne's Co

Accident or Suicide? No

LIBRARY BUREAU A88518

Name in Full: James N Shawn

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Carrollton; County: Howard Co

Date of death: Month: Aug; Day: 5; Year: 1904; Age: 69 Years; Months; Days

Sex: Male; Color or Race: White; Birthplace: Md

Occupation: Carpenter; Where Residing if not at place of death: Carrollton

Married, ~~Single~~ or ~~Widowed~~; Name of Wife or Husband: Susan Shawn

Father's Name: Lamb Shawn; Father's Birthplace: Carroll Co

Mother's Maiden Name: Susan Wright; Mother's Birthplace:

Name of person giving Information: H D Shawn; How related to deceased: Son

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Asthma & Cirrhosis of Liver; How long: Several years.

Immediate: General Anasarca; How long: Several Months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Howard A Hopkins

Address: Ellicott Town. MD.

Accident or Suicide?

LIBRARY BUREAU Adsels

Name in Full: Lillian Julia Madge Sparks

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Centreville; County: Queen Anne's

Date of death: 1904; Month: 8; Day: 23; Age: Years: ; Months: 10; Days: 4

Sex: Female; Color or Race: White; Birthplace: near Centreville

Occupation: Nursing; Where Residing if not at place of death: Place of death

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: Wm Spencer Sparks; Father's Birthplace: Q.A. Co

Mother's Maiden Name: Mary A. Dulin; Mother's Birthplace: Talbot Co

Name of person giving information: Wm Spencer Sparks; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Entero-Colitis; How long: 2 weeks

Immediate: Cerebral Congestion; How long: 12 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Major Kraus M.D.

Address: Centreville Queen Anne's Co

Accident or Suicide? No

LIBRARY BUREAU A66616

Name in Full: Mary Spanos

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Church Hill; County: Queen Anne's

Date of death: 1904; Month: Aug; Day: 10; Age: Years: 1; Months: —; Days: 2

Sex: Female; Color or Race: Colored; Birthplace: Md

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: Julian Spanos; Father's Birthplace: Md

Mother's Maiden Name: Mary Fuzuris; Mother's Birthplace: Md

Name of person giving Information: James Rasberry; How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum; How long: 1 D

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? I think So

Signature of Physician: Dr by Dudley

Address: Church Hill

Accident or Suicide?

LIBRARY BUREAU A85515

Salem

Name in Full: Jeremiah Thornton

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ingleside — County: S. M.

Date of death: 1904 — Month: 8 — Day: 25 — Age: Years — Months: 2 — Days:

Sex: Mail — Color or Race: Colored — Birthplace: Md

Occupation: — Where Resided if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: James Thornton — Father's Birthplace: Md

Mother's Maiden Name: Birdie Green — Mother's Birthplace: Md

Name of person giving Information: Birdie Thornton — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 5 days

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Earl Graham

Address: Ingleside Md

Accident or Suicide:

LIBRARY BUREAU A66516

Name in Full: Edwin A Thomas

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Centreville — County: Q.A. Co

Date of death 1904 — Month: Aug — Day: 5 — Age: Years — Months: 18 months — Days:

Sex: Male — Color or Race: White — Birthplace: Md.

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

Father's Name: R W Thomas — Father's Birthplace: Md

Mother's Maiden Name: Annie Collins — Mother's Birthplace: Del-

Name of person giving information: Friend — How related to deceased:

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Entero-Colitis — How long: 2 mths

Immediate: Cerebral Congestion — How long: 48 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jas Bordley MD

Address: Centreville Md.

Accident or Suicide?

LIBRARY BUREAU AB6316

Name in Full: Mariah Thomas

CERTIFICATE OF DEATH

MARYLAND

Died at: Municipal Town — County: Queenanne

Date of death: 1904 — Month: aug — Day: 3 Wed — Age: Years 65 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace

Occupation — Where Residing if not at place of death: Michaelstown

Married, Single or Widowed: Widow — Name of Wife or Husband: Ceasar Thomas

Father's Name: Thomas Purnell — Father's Birthplace

Mother's Maiden Name: Tillie Gibbs — Mother's Birthplace

Name of person giving Information: Annie Blake — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: General debility 15 4 — How long

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Robt. W. Eddins

Address: Centreville

of Wright & Eddins Undertakers

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Anna Smith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Millington | County: Kent Co

Date of death: 1904 | Month: 8 | Day: 3 | Age: Years: 2 | Months: couple | Days:

Sex: Female | Color or Race: White | Birthplace: Kent Co

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Spencer Smith | Father's Birthplace: Kent Co

Mother's Maiden Name: Linda Clayton | Mother's Birthplace: " "

Name of person giving Information: | How related to deceased: Friend

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus | How long: couple

Immediate: " | How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L Comegys

Address: Millington Md

Accident or Suicide?

LIBRARY BUREAU A6581G

Name in Full: Seola Augustan Waters

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Centreville — County: Queenanne

Date of death: 1904 — Month: Aug — Day: 21

Age: Years: — Months: 6 — Days: 4

Sex: Female — Color or Race: Negro — Birthplace: Fairmount Summerset Co

Occupation: — Where Residing if not at place of death: Centreville

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Graham Waters — Father's Birthplace: Summerset Co

Mother's Maiden Name: Allena Wilson — Mother's Birthplace: "

Name of person giving In formation: Graham Waters — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Teething — How long: 2 weeks

Immediate: Thrush — How long: 1 Day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: No Physician

Address: Centreville

Jos. G. Dawson

Accident or Suicide?

LIBRARY BUREAU A6851

Name in Full: James H Williamson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Church Hill; County: Queen Anne's

Date of death: 1904; Month: July; Day: 13

Age: 49. Months: 10 Days: 14

Sex: Male

Color or Race: White

Birthplace: Md

Occupation: Farmer

Where Residing if not at place of death: Church Hill

Married, Single or Widowed: Married

Name of Wife or Husband: Hattie Bordon

Father's Name: James H. Williamson

Father's Birthplace: Md

Mother's Maiden Name: Ada Carpenter

Mother's Birthplace: "

Name of person giving information: John C Williamson

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis

How long: 6 Months

Immediate: Asthenia

How long: 4 days.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: E. G. Copeland

Address: Church Hill Md

~~Accident~~ or ~~Suicide~~?

LIBRARY BUREAU 488318

Name in Full: John E. Wilson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Centreville — County: Queens

Date of death: 1904 Month: Aug Day: 17

Age — Years: — Months: — Days: 8

Sex: Male

Color or Race: Negro

Birthplace: Centreville

Occupation: none

Where Residing if not at place of death: Centreville

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Ernest Wilson

Father's Birthplace: Queens Co

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information: Ernest Wilson

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Fits — How long: 4 days

Immediate: Fits — How long: 4 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: No Physician

Address:

Jos. G. Dawson

Accident or ~~Suicide~~?

F. D.

LIBRARY BUREAU 488610